SENDER: COMPLETE THIS SECTION COMPLETE THIS SEC				CTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 			A. Signature X B. Received by (Prin	nted Name)	☐ Agent ☐ Addressee C. Date of Delivery	
Mr. Ronald W. Hudson 45 West Sienna Place The Woodlands, TX 77382			D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
				3. Service Type Grant Certified Mail Registered Insured Mail	☐ C.O.D.	all celpt for Merchandise
Article Numt (Transfer from servi	7004 :	1160	0003	14. Restricted Deliver	/^ (Extra Fee)	☐ Yes
PS Form 3811, February 2004 Domestic Ref			turn Receipt		102595-02-M-1540	

	Domestic Return	102595-02-M-1					
8654	U.S. Postal Service M CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com						
0360	OFF	ICIAL					
77P 0003	Postage Certified Fee Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$	Postmark Here				
7004	Mr. Ronald W. Hudson 45 West Sienna Place The Woodlands, Tx 77382						